



Government of the District of Columbia
Department of Health
Health Regulation & Licensing Administration
Board of Veterinary Medicine



NINETY (90) DAY SUPERVISED PRACTICE FORM FOR VETERINARIANS

This form must be returned in a **sealed envelope** and **hand delivered** by the applicant to the Board BEFORE the applicant begins practicing in the District of Columbia.

****Note: You must have a veterinary application currently pending with the Board.****

TO THE SUPERVISOR: A DC LICENSED VETERINARIAN MUST COMPLETE THIS FORM

1. This form must be completed and approved by the Board before you can begin supervision of an applicant for registration as a veterinarian.
2. The applicant cannot work in the District until he/she submits an application to the Board and receives an approved supervised practice form from the Board.
3. The supervisor is fully responsible for all supervised practice by the applicant and for ensuring that the applicant has a current application pending before the Board. The supervisor shall be subject to disciplinary action for any violation.

Supervised practice is for ninety (90) days from the date of approval by the Board and cannot be extended.

Applicant's Name: (Please Print): _____
First Name Last Name Middle Initial

Supervisor's Name: (Please Print): _____
First Name Last Name Middle Initial

Supervisor's DC License No.: _____ **License No. Expiration Date:** _____

Location of Supervision:

Facility Name Address Facility Phone Number

Brief description of applicant's duties and responsibilities:

SUPERVISEE SIGNATURE	PHONE NUMBER	DATE

SUPERVISOR SIGNATURE	PHONE NUMBER	DATE

FOR OFFICE USE ONLY

DC SEAL

Supervised Practice Form Expiration

Date: _____

Date Application Submitted: _____ Date Supervised Practice Form Submitted: _____
Board Action: _____ HRLA Staff Signature: _____

Return this form to:
Department of Health-Health Regulations and Licensing Administration
Board of Veterinary Medicine
899 North Capitol Street NE- 2nd Floor
Washington, DC 20002